



MARYLAND HEALTH CARE COMMISSION

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MHCC 10-001 DATA COLLECTION SUPPORT AND ANALYTIC REPORT DEVELOPMENT

ADDENDUM

Below are questions/clarifications submitted to the Commission pertinent to the above named solicitation.

1. Has a contractor previously provided services as listed in the RFP? If so, who is the contractor and what was the contract duration and value?

Response: Social and Scientific Systems
Silver Spring, MD

The contract duration was a period of five (5) years and a value of about \$4.4 million.

2. What is the estimated value of a contract resulting from this RFP?

Response: MHCC does not provide a public estimate. We have identified some efficiencies that we believe will reduce the cost of the current procurement.

3. If there is an incumbent, are they eligible to re-compete?

Response: Yes

4. Did the incumbent do all the work listed in the RFP?

Response: The incumbent or sub completed all of the work, except for the following which are new:

- a. Two new reports are required:
 - The first report in the series, to be produced in years 1, 3, 5 and scheduled for release in the spring of these years, will examine Maryland's health care market/system in comparison to the nation and similar state markets using per capita spending measures based on consistent spending information
 - The second report in the new series, to be produced in years 2, 4 and scheduled for release in the summer of these years, will focus on spending patterns for the privately insured under 65 population.

- b. A report on Health Care Expenditures Comparisons
- c. collection of the institutional data
- d. collection of enrollment data
- e. A new technical requirement: collection of the data via FTP

5. What are the three most important factors for consideration from the government?

Response: Please carefully review the evaluation factors - Part III, Evaluation and Selection Procedure of the RFP. They are ranked in the order of importance.

6. Please clarify the presentation of Appendix D-3, Financial Proposal Special Study Unit Work Sheet. It is expected that hourly rates will increase every year, and the form does not allow for different annual rates. Should the form be expanded to include hourly rates for each year?

Response: MHCC anticipates that the hourly unit rates would change over the 5 year contract, but that can be accomplished with a single rate per category. The Department of Budget Management, Office of Contract prefers a single unit rate and estimated hours per labor category over the entire contract. We recommend that you average the rates you plan to propose over the 5 year contract and specify those in Appendix D-3. Our expectation is to use 20 percent of the hours shown in D-3 in each year. As the unit hours will be constant across all 5 years, the total compensation due the vendor will be approximately the same.

7. Does their annual fee include reporting/analysis work and, if so, would you specify what type of reporting? For example, is it substantially more, less or equivalent to what is included in RFP?

Response: Annual fee includes all reporting and analysis work. The exception is a limited number of special studies, for example the current vendor provides assistance on preparing reports for the Governor's Task Force on Physician Access and Cost.

8. Is there a minority owned business involved in the current contract arrangement? If so, please specify the vendor and their scope of work.

Response: The current MBE threshold is 15%. The vendors are Avar Consulting and Trilogy Technical Services and they are principally responsible for processing payer's annual submissions.

9. On integration of Medicare claims data, is current data warehouse a consolidated public/private payor database? Is the new vendor responsible for development of dictionaries and mapping, or is that provided by the State?

Response: The Medicare data is organized as a separate table due to performance issues. Data tables are merged during processing, if required. The state will want to revisit that decision as a common provider identifier now exists.

The creation of dictionaries and mapping of the health professional files exists, institutional claims and beneficiary enrollment files have not been mapped. These activities are the responsibility of the contractor.

10. Are there any Medicaid claims data included in contract scope?

Response: No Medicaid claims are included in the contract scope.